Community Resource Project, Inc. WIC Program PARAPROFESSIONAL TRAINING CENTER

250 HARRIS AVE., SUITE #1 SACRAMENTO, CA 95838 PHONE (916) 326-5835, FAX (916) 567-5208 (916) 567-5220 (CRP HARRIS AVE.) EXT. # 0

REGISTRATION – November 2004 – March 2005 Agency Information

Local Agency	Name:	Contact Person:			
Agency Addre	ess:	City	State	Zip	
E-Mail (if avail	lable):Phone #: ()_	Fax	#: ()		
	Student Informa	<u>tion</u>			
Student's Nam	ne:	Length of Employment with WIC:			
Previous Train	ning:				
Please circl	le) all dates this student will be attending class:				
	CLASS DESCRIPTION	<u>D</u>	AT ES OFF ERED		
SESSION 1	Nutritional Needs Assessment & Working With Peop Working with People	ole Thursda	ay, November	18, 2004	
SESSION 2	Basic Nutrition	Friday,	November 19,	2004	
SESSION 3	Infant Nutrition	Thursda	Thursday, January 20, 2005		
SESSION 4	Child Nutrition	Friday,	January 21, 20	05	
SESSION 5	Prenatal Nutrition	Thursda	ay, February 17	7, 2005	
SESSION 6	Nutrition for Women after Delivery	Friday,	February 18, 2	005	
Session 7	Breastfeeding Promotion & Support	Thursda	ay, March 17, 2	2005	
(PLEASE NOTE: ALL SESSIONS BEGIN AT 8:30 AM, WITH A HOUR LUNCH BREAK, AND WRAP-UP IS AT 4:30 PM)					
Total sessions	s scheduled to attend x \$50.00 per sess	ion = \$			

- Email this form to Deena at <u>dmath@cresource.org</u> or Fax to Deena at (916) 567-5208.
 If faxing, please write student name and contact phone number clearly on registration form.
- Please make check payable to: COMMUNITY RESOURCE PROJECT RTC.
- Please mail or fax a registration form for each student attending.
- Mail check to: 915 Broadway, Sacramento, CA 95818
- Class size is limited. Waiting list will be available.
- You will receive a confirmation for your reservation by mail, fax, or e-mail.
- Refunds available if cancellation is at least 2 weeks prior to training day.
- Please notify us immediately if there are any changes!